

| POSITION                  | INITIALS | ID NO | DATE |
|---------------------------|----------|-------|------|
| FEE DETERMINATION         |          |       |      |
| O.I.P.E. CLASSIFIER       |          |       |      |
| FORMALITY REVIEW          |          |       |      |
| RESPONSE FORMALITY REVIEW |          |       |      |

# INDEX OF CLAIMS

✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

APPLICANT

APPLICANTS

TITLE

CLASS

INTERNAL

TECHNICAL

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Form PTO-4  
(Rev. 6/99)

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 1              | ✓    |
| 2              | ✓    |
| 3              | ✓    |
| 4              | ✓    |
| 5              | ✓    |
| 6              | ✓    |
| 7              | ✓    |
| 8              | ✓    |
| 9              | ✓    |
| 10             | ✓    |
| 11             | ✓    |
| 12             | ✓    |
| 13             | ✓    |
| 14             | ✓    |
| 15             | ✓    |
| 16             | ✓    |
| 17             | ✓    |
| 18             | ✓    |
| 19             | ✓    |
| 20             | ✓    |
| 21             | ✓    |
| 22             | ✓    |
| 23             | ✓    |
| 24             | ✓    |
| 25             | ✓    |
| 26             | ✓    |
| 27             | ✓    |
| 28             | ✓    |
| 29             | ✓    |
| 30             | ✓    |
| 31             | ✓    |
| 32             | ✓    |
| 33             | ✓    |
| 34             | ✓    |
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| 38             | ✓    |
| 39             | ✓    |
| 40             | ✓    |
| 41             | ✓    |
| 42             | ✓    |
| 43             | ✓    |
| 44             | ✓    |
| 45             | ✓    |
| 46             | ✓    |
| 47             | ✓    |
| 48             | ✓    |
| 49             | ✓    |
| 50             | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 51             | ✓    |
| 52             | ✓    |
| 53             | ✓    |
| 54             | ✓    |
| 55             | ✓    |
| 56             | ✓    |
| 57             | ✓    |
| 58             | ✓    |
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| 91             | ✓    |
| 92             | ✓    |
| 93             | ✓    |
| 94             | ✓    |
| 95             | ✓    |
| 96             | ✓    |
| 97             | ✓    |
| 98             | ✓    |
| 99             | ✓    |
| 100            | ✓    |

| Claim          | Date |
|----------------|------|
| Final Original |      |
| 101            | ✓    |
| 102            | ✓    |
| 103            | ✓    |
| 104            | ✓    |
| 105            | ✓    |
| 106            | ✓    |
| 107            | ✓    |
| 108            | ✓    |
| 109            | ✓    |
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| 141            | ✓    |
| 142            | ✓    |
| 143            | ✓    |
| 144            | ✓    |
| 145            | ✓    |
| 146            | ✓    |
| 147            | ✓    |
| 148            | ✓    |
| 149            | ✓    |
| 150            | ✓    |

**BEST AVAILABLE COPY** If more than 150 claims or 10 actions  
staple additional sheet here

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